

**STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS  
DIVISION OF PUBLIC UTILITIES AND CARRIERS**

**89 Jefferson Boulevard  
Warwick, Rhode Island 02889**

**LEASING DISCLOSURE STATEMENT**

1. Name of Certificate Holder (Lessor) \_\_\_\_\_  
\_\_\_\_\_

2. Certificate Number \_\_\_\_\_

3. Address of Certificate Holder (Lessor) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Why is this lease arrangement necessary? (purpose?)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**5. TERMS OF LEASE:**

EFFECTIVE DATE: \_\_\_\_\_ EXPIRATION DATE: \_\_\_\_\_

COMPENSATION: \_\_\_\_\_

OTHER: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. Special Conditions: (Attach separate document or pages, if applicable)

7. Is the vehicle to be leased registered in the name of the certificate holder?

YES ( ) NO ( )

If "NO", whose name appears on the title? \_\_\_\_\_

8. Is the title to the vehicle to be leased in the name of the certificate holder?

YES ( ) NO ( )

If "NO", whose name appears on the title? \_\_\_\_\_  
\_\_\_\_\_

9. Vehicle Plate (Registration) No. \_\_\_\_\_

10. Vehicle V.I.N. Number \_\_\_\_\_

11. Current Odometer Reading \_\_\_\_\_

12. Name and policy number of insurance carrier providing statutory liability coverage? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

13. Who will be responsible for the payment of insurance premiums?

Certificate Holder ( ) Lessee ( )

14. Who will be responsible for vehicle maintenance and related expenses?

Certificate Holder ( ) Lessee ( )

15. Has the vehicle to be leased been operating and actively and continuously engaged in the conduct of business on a daily basis for twelve (12) months prior to the filing date of this leasing disclosure statement? YES ( ) NO ( )

IF NO, EXPLAIN DETAILS \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

16. Will the Lessee be paying a security deposit as a condition of this lease?

YES ( ) NO ( )

In the event a security deposit is required, please supply the following:

A. Name and address of bank or credit union where deposit is made:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

B. Account Number: \_\_\_\_\_

17. Name of person leasing vehicle (Lessee): \_\_\_\_\_

18. Current Address of Lessee: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Telephone number of Lessee: \_\_\_\_\_

19. Has the Lessee ever been charged and convicted with any criminal offense, either state or federal; or been charged with a traffic violation within the last six (6) years?

YES (    )                      NO (    )

If the answer to the above question is YES, the dates and details of each incident shall be furnished, including any resulting police, court or criminal dispositions.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

20. Does the Lessee currently possess an active taxicab driver permit issued by the Division of Public Utilities and Carriers?    YES (    )                      NO (    )

IF YES, DATE OF ISSUANCE: \_\_\_\_\_

Hackney Number \_\_\_\_\_

ADDITIONAL TERMS OF THE LEASE:

- a. This lease applies exclusively to the vehicle identified herein.
- b. Under this lease agreement, the certificate holder shall remain bound by all Division rules in the same manner as if the certificate holder was still operating the cab being leased.
- c. Please be advised that the certificate holder shall be responsible for recording all revenues generated by the Lessee through the use and operation of the vehicle Identified in this lease. These revenues shall, in turn, be included in the certificate holder's gross revenues amount reported to the Division annually as reflected in the certificate holder's annual report. These amounts will then be utilized for calculating the certificate holder's regulatory assessment pursuant to R.I.G.L. §39-1-23 Accordingly, the Lessee, as a condition of approval of the instant lease, shall hereby agree to report all earnings generated through the use of the leased vehicle to the certificate holder upon demand.

SIGNATURES:

\_\_\_\_\_  
CERTIFICATE HOLDER (LESSOR)

\_\_\_\_\_  
DATE

\_\_\_\_\_  
LESSEE

\_\_\_\_\_  
DATE

Subscribed and sworn to before me at \_\_\_\_\_

In and for the State of Rhode Island this \_\_\_\_\_ day of \_\_\_\_\_ 2004.

\_\_\_\_\_  
Notary Public

My Commission expires:

\_\_\_\_\_  
ID# \_\_\_\_\_

OFFICE USE ONLY:

DATE: \_\_\_\_\_

APPROVE: \_\_\_\_\_

DISAPPROVE: \_\_\_\_\_

Revised 2-4-04